## BEST AVAILABLE COPY SERIAL NO. SERIAL NO. FILING DATE **CLAIMS ONLY** CLAIMS AFTER AFTER AS FILED 1st AMENDMENT 2nd AMENDMENT IND. IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. TOTAL IND. TOTAL IND. \_‡ TOTAL DEP. TOTAL DEP. \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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